Nevada–Proof of Coverage (POC) Update

Nonrenewal Reporting Requirements

As a reminder, the Nevada Division of Industrial Relations (DIR) requires nonrenewal policy transactions to be reported through POC information. Nonrenewal transactions are reported to end coverage effective as of the policy expiration date.

The Nevada DIR has the authority to levy administrative fines against carriers for failure to report nonrenewal transactions.

For policy reporting, if a carrier nonrenews a workers compensation policy, then a Record Type 08—Cancellation/Reinstatement transaction must be reported to NCCI with the Cancellation/Reinstatement ID Code of 3 (Nonrenewal). The nonrenewal transaction, including termination on the policy expiration date and for which no subsequent policy has or will be issued, must be received within 15 days of the nonrenewal effective date. Nevada recognizes NCCI's received date when determining the timeliness of POC transactions accepted by the state.

The Nevada DIR receives a monthly NCCI POC report, which includes nonrenewal transactions.

POC Data Elements Update

The Nevada DIR has also updated its data element requirements for POC data. The following POC data elements are now preferred by Nevada:

- Insured Telephone Number
- Number of Employees
- Email Address

Please see **Attachment A—Nevada Proof of Coverage Data Elements Requirements** for the complete list of data elements and any conditions that apply.

Refer to the Nevada POC State Guide page on **ncci.com** for all Nevada filing requirements.

Contact

If you have any general data reporting questions, please contact NCCI's Customer Service Center at 800-**NCCI**-123 (800-622-4123), select **Option 6** or email us at data@ncci.com. We are here to assist you Monday through Friday, 8:00 a.m.–8:00 p.m. ET.

DATA ELEMENT/DESCRIPTION	WCPOLS RECORD DATA ELEMENT REPORTED ON	NEVADA
TRANSACTION EFFECTIVE DATE The date that the transaction becomes effective depending on what type of transaction is being reported (e.g., Cancellation Effective Date on a Cancellation/Reinstatement Record, etc.).	**DERIVED FROM TRANSACTION REPORTED**	**DERIVED**
INSURER FEIN The Federal Employer Identification Number of the coverage provider assuming financial responsibility for the coverage. NCCI derives this FEIN from the NCCI Coverage Provider ID reported for the policy or, if different, reported for the state.	**DERIVED FROM CARRIER CODE REPORTED IN LINK DATA**	**DERIVED**
INSURER NAME The name of the coverage provider assuming financial responsibility for the coverage. NCCI will provide the Insurer Name to the states based on the NCCI Coverage Provider ID reported for the policy or, if different, reported for the state.	**DERIVED FROM CARRIER CODE REPORTED IN LINK DATA**	**DERIVED**
ISSUING OFFICE NAME The coverage provider's office (company name) responsible for the coverage. NCCI will provide the Issuing Office Name to the states based on the NCCI Coverage Provider ID reported for the policy or, if different, reported for the state.	**DERIVED FROM CARRIER CODE REPORTED IN LINK DATA**	**DERIVED**
ISSUING OFFICE ADDRESS The street address of the coverage provider's office responsible for the coverage.	**ADDRESS RECORD**	**R**
ISSUING OFFICE CITY The city of the coverage provider's office responsible for the coverage.	**ADDRESS RECORD**	**R**
ISSUING OFFICE STATE The state of the coverage provider's office responsible for the coverage.	**ADDRESS RECORD**	**R**
ISSUING OFFICE POSTAL CODE The postal code of the coverage provider's office responsible for the coverage.	**ADDRESS RECORD**	**R**
ISSUING AGENCY NAME The name of the agency/producer responsible for obtaining the business.	**HEADER RECORD**	**C1**
ISSUING AGENCY CITY The city of the agency/producer responsible for obtaining the business.	**ADDRESS RECORD**	**C1**
ISSUING AGENCY STATE The state of the agency/producer responsible for obtaining the business.	**ADDRESS RECORD**	**C1**
INSURED FEIN The Federal Employer Identification Number of the primary named insured.	**NAME RECORD**	**R**
INSURED NAME The primary named insured of the coverage.	**NAME RECORD**	**R**
INSURED ADDRESS The street or PO box of the mailing address of the primary named insured.	**ADDRESS RECORD**	**R**
INSURED CITY The city of the mailing address of the primary named insured.	**ADDRESS RECORD**	**R**

R = Required/Must be reported

C = Conditional/Must be reported when condition present (see last page for description)

P = Preferred But Not Required/Report data element if available

O = Optional

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DATA ELEMENT/DESCRIPTION	WCPOLS RECORD DATA ELEMENT REPORTED ON	NEVADA
INSURED STATE The state of the mailing address of the primary named insured.	**ADDRESS RECORD**	**R**
INSURED POSTAL CODE The postal code of the mailing address of the primary named insured.	**ADDRESS RECORD**	**R**
INSURED TELEPHONE NUMBER The telephone number of the primary named insured.	**ADDRESS RECORD**	**P**
BUSINESS MARKET The identifier that determines the market in which the coverage is written (i.e., voluntary business or assigned risk).	**HEADER RECORD**	**R**
WRAP-UP INDICATOR The identifier that specifies if the coverage is for a specific job site that will include more than one insured.	**HEADER RECORD**	**R**
LEGAL STATUS OF INSURED The business ownership/management of the primary named insured (e.g., corporation, partnership, etc.)	**HEADER RECORD**	**R**
POLICY NUMBER IDENTIFIER The unique number assigned to the coverage by the coverage provider (i.e., certificate number) for the coverage period.	**LINK DATA (REPORTED ON ALL RECORDS)**	**R**
EMPLOYEE LEASING POLICY IDENTIFICATION The identifier that specifies if the policy is a Professional Employee Organization (PEO) policy and the specific type of PEO Policy or if the policy is not a PEO policy.	**HEADER RECORD**	**R**
MINIMUM PREMIUM INDICATOR The identifier that indicates if the policy is issued as a Minimum Premium policy. This field is determined based on the presence of Statistical Code 0990 (the amount required to balance to the Minimum Premium) on the policy.	**DERIVED FROM EXPOSURE RECORD**	**DERIVED**
TRANSACTION ISSUE DATE The date that the reported transaction was processed on the coverage providers' policy issuance system.	**LINK DATA (REPORTED ON ALL RECORDS)**	**R**
POLICY EFFECTIVE DATE The date that the coverage period becomes effective.	**LINK DATA (REPORTED ON ALL RECORDS)**	**R**
POLICY EXPIRATION DATE The date that the coverage period expires. (Continuous coverage is captured as one-year periods.)	**HEADER RECORD**	**R**
PRIOR POLICY NUMBER IDENTIFIER The unique number assigned to the coverage by the coverage provider for the previous coverage period.	**HEADER RECORD**	**C2**
ASSIGNMENT DATE The date that the coverage notice is assigned to the coverage provider in the involuntary market (assigned risk).	**HEADER RECORD**	**C3**

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JURISDICTION (STATE) The governing body or territory whose statutes apply to the coverage.	**STATE PREMIUM RECORD**	**R**
GOVERNING CLASS The four-digit classification code reflecting the largest payroll class for the state for the coverage period.	**DERIVED FROM EXPOSURE RECORD**	**DERIVED**
NAME TYPE CODE The type of insured or employer name reported (i.e., Personal, Commercial, or String).	**NAME RECORD**	**P**
TOTAL PAYROLL The sum of the payroll amounts, in whole dollars, for all classifications for the coverage period for the state.	**DERIVED FROM EXPOSURE RECORD**	**DERIVED**
LOSSES SUBJECT TO DEDUCTIBLE CODE The type of deductible being reported (e.g., No Deductible, Medical Losses only, etc.).	**DEDUCTIBLE ENDORSEMENT RECORD**	**C6**
BASIS OF DEDUCTIBLE CALCULATION CODE The type of deductible being reported (e.g., No Deductible, Per Claim Deductible Amount, etc.)	**DEDUCTIBLE ENDORSEMENT RECORD**	**C6**
INSURED STATE PREMIUM The total estimated state standard premium reported on the policy.	**STATE PREMIUM RECORD**	**P**
PEO OR CLIENT COMPANY CODE The indicator that specifies whether the primary named insured or employer is a Professional Employer Organization (PEO) or Client company on an Employee Leasing type policy.	**NAME RECORD**	**C4**
REASON STATE WAS ADDED TO POLICY CODE The reason that the state was added to the policy.	**STATE PREMIUM RECORD**	**P**
REASON FOR REINSTATEMENT TYPE CODE The reason that a reinstatement transaction is being generated.	**CANCELLATION/ REINSTATEMENT RECORD**	**P**
EMPLOYER FEIN The Federal Employer Identification Number for each employer covered.	**NAME RECORD**	**R**
EMPLOYER UI CODE The Unemployment Insurance Number (Unemployment Identification Number) assigned to each employer by the state.	**NAME RECORD**	**O**
EMPLOYER NAME An additional named insured covered for the coverage period.	**NAME RECORD**	**R**
EMPLOYER ADDRESS An additional named insured's street address.	**ADDRESS RECORD**	**R**
EMPLOYER CITY An additional named insured's city.	**ADDRESS RECORD**	**R**
EMPLOYER STATE An additional named insured's state.	**ADDRESS RECORD**	**R**

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EMPLOYER POSTAL CODE An additional named insured's postal code.	ADDRESS RECORD	R
INDUSTRY CODE The NAICS code that represents the nature of the employer's business.	ADDRESS RECORD	P
NUMBER OF EMPLOYEES The number of employees at each location of each employer at the time that the coverage period (anniversary date) is initially reported.	ADDRESS RECORD	P
LEGAL STATUS OF EMPLOYER The business ownership/management of each employer (e.g., corporation, partnership, etc.).	NAME RECORD	P
EMPLOYER NOTIFICATION DATE The date that the coverage provider mails the cancellation or nonrenewal notification to the insured.	CANCELLATION/ REINSTATEMENT RECORD	C5
EMAIL ADDRESS Email address of Insured and Employer(s).	ADDRESS RECORD	P
DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT The policy deductible amount by claim or by accident (multiple claims from one occurrence) to be paid by the insured, as defined by the deductible program.	DEDUCTIBLE ENDORSEMENT RECORD	C6

C1— **Issuing Agency Name/Address**: Required, but only if an agency/producer is involved with the coverage. When there is no agency/producer, leave the agency name and address blank and do NOT substitute with the coverage provider's name and address.

C2—**Prior Policy Number:** Required for only Renewal coverage and should be reported on all subsequent full policy replacement transactions. If there is no prior term or policy (i.e., New Business policies), then leave blank.

C3—**Assignment Date:** Required only for Assigned Risk/Residual Market coverage; otherwise, report zeros.

C4—**PEO or Client Company Code**: Required if a policy is a PEO-type policy.

C5—**Employer Notification Date:** Required for all Cancellations by Insurer.

C6—**Losses Subject to Deductible Code/Basis of Deductible Calculation Code/ Deductible Amount per Claim/Accident**: Required for policies with an applicable Deductible Program.

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